2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035793

1. Entity Name

METROPOLIS ADVERTISING & DESIGN, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90137 010 ***150.00

Principal Place of Business 23 S. OSCEOLA AVE 23 S. OSCEOL ORLANDO FL 32801 ORLANDO FL 32801 ORLANDO FL 32801										
2. Principal Place of Business 749 N. GARLAND AVE Suite, Apt. #, etc. 3. Mailing Address 749 N. GARL Suite, Apt. #, etc.				AND AUE						
20 i		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat		City & State	City & State			4. FEI Number 50.0076424			plied For	
ORLAN		· ·	_			4. FEI Number 59-3376131			t Applicable	
Zip 32801	Country Zip		Country	Country 5.				8.75 Add ee Required	3.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
	BRENT CEOLA AVE 749 刈・G舟&L DFL 32801	AND AUE., STE. 2	-02	Name Street Add	dress (P.O. B	ox Number is Not Acceptab	le)	Zip Code	3	
the obligated SIGNATURE F Aftel	named entity submits this statement filters of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	nt and title if applicable. (F	NOTE: Registered Ag				DATE	\$5.00	D May Be to Fees	
10.	OFFICERS AND	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OF	FICERS AND 1	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MYROLD, BRENT 23 S OSCEOLA AVE ORLANDO FL 32801	☐ Delete	TITLE NAME STREET A CITY-ST-			GARLAND AUE-	STE. 2	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KENT, KEVIN 23 S OSCEOLA AVE ORLANDO FL 32801	☐ Delete	TITLE NAME STREET A CITY-ST-		749 XI	GARLAND AUG	. STE.	[Y] Change ≥ 0 2	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	VP BOYNTON, KEVIN 23 S OSCEOLA AVE ORLANDO FL 32807	· Delete.	TITLE NAME STREET A		749 N	I. GALLAND AUG	- STE	☆ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	ſ				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-	- 1				☐ Change	Addition	
TITLE		☐ Delete	TITLE					Change	Addition	

12. Thereby certify that the information expolied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and acculate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

4078358080

Daytime Phone #